## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:
  - ☑ Blood Test
  - ✓ Urinalysis
  - ☑ Chest X-Ray
  - □ Drug Test
  - Psychological Test
  - Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

AGE			ADMIN - ASSISTANT	
	SEX	, SOUTHERN, LEYTE CIVIL STATUS	PROPOSED POSITION	
ADDRESS	C MARCINI CON			
BATIST	L, ROSELA T			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exar	mination resul	ts, personally e.	xamined the
above named individual and found him/her to be physically and medically $\Box F$	IT / UNFIT f	or employment.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO. 09 8800	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
3.0000	1.50 M	51.5 Kgs	At
OFFICIAL DESIGNATION	DATE EXAMINED		
CHIEF OF HOCPITAL I	5	27/24	